

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number 10/656934	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments 5-2-05	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/		/		51	
2							52	
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46							96	
47							97	
48							98	
49							99	
50							100	
Total Indep	4		4		4		Total Indep	
Total Depend	17		17		17		Total Depend	
Total Claims	21		21		21		Total Claims	

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